Phase V of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

Continuous Quality Improvement (CQI) Initiative

Evaluation of CQI in Communities Funded in 2005 and 2006

Report for Harris County Systems of Hope, Texas

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Prepared by:
The National Evaluation Team,
Walter R. McDonald & Associates, Inc.
& ICF Macro, Inc.

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The Continuous Quality Improvement (CQI) Initiative Evaluation: A Summary of CQI Efforts in Harris County Systems of Hope

INTRODUCTION

The Continuous Quality Improvement (CQI) Initiative is an integral component of the Comprehensive Community Mental Health Services for Children and Their Families Program (also referred to as the Children's Mental Health Initiative [CMHI]) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA implemented the CQI Initiative for the CMHI in 2004 to support CQI efforts in funded system of care communities. In 2009-2010, the CMHI national evaluation team conducted an evaluation of the CQI Initiative for the CMHI. The purpose of the evaluation was to learn how CQI is being implemented in CMHI-funded communities, how communities are using data and technical assistance (TA) in their CQI efforts, and how the CQI Initiative can be improved to support CQI efforts within funded communities. The evaluation consisted of a Web-based survey completed by key personnel from communities funded in 2005 and 2006, telephone interviews with key personnel from five communities, and discussion groups with national-level TA providers.

Harris County Systems of Hope was selected as one of the five communities to participate in interviews about the local CQI process. Seven representatives from the project participated in telephone interviews during 2010. This report contains an overview of the CMHI CQI Initiative and evaluation, and a summary of the information provided by Harris County Systems of Hope personnel. This report has been produced exclusively for Harris County Systems of Hope and will not be distributed to other parties. Findings based on all data collected for the evaluation are presented in a separate summary final report.

CMHI CQI INITIATIVE

In 2004, the Child, Adolescent and Family Branch of the Center for Mental Health Services (CMHS) in the Substance Abuse and Mental Health Services Administration (SAMHSA), began a CQI Initiative for the CMHI (Sheehan, Manteuffel, Stormann, & King, 2008). The CQI Initiative is intended to facilitate and support system of care communities in their efforts to conduct ongoing review and assessment that result in data-driven decision making related to program quality and improvement. Two important aspects of the CQI Initiative are (1) providing data that communities can use to inform quality improvement efforts; and (2) offering TA to assist in these efforts.

In 2007, the CMHI national evaluation team began producing a customized *CQI Progress Report* for each funded community and an aggregate report with data from all communities in the same funding cycle. The report draws on data collected by communities for the national evaluation to present performance data on numerous indicators tied to system of care goals. The *CQI Progress Report* is intended to stimulate conversations within communities about system development and service delivery, especially how to capitalize on existing strengths and

overcome ongoing challenges. In addition, the report is intended to facilitate and guide data-driven TA by providing information to help local system of care personnel and national TA providers identify and address communities' TA needs.

EVALUATION OF THE CQI INITIATIVE

In 2009-2010, the CMHI national evaluation team conducted an evaluation of the CQI Initiative to better understand CQI processes within system of care communities funded in 2005 and 2006. The evaluation assessed CQI efforts in funded communities, including the structure established to implement CQI and the data being used to inform CQI efforts. The evaluation identified successful strategies and common challenges in both these areas. The evaluation also gathered information on changes resulting from the CQI process. Results from the evaluation will be used to inform future activities related to the CQI Initiative.

The national evaluation team used a mixed-methods approach, combining qualitative and quantitative data to provide a comprehensive assessment of CQI efforts in system of care communities. Data collection involved three activities: (1) a Web-based survey of key personnel in funded communities; (2) telephone interviews with representatives from five communities; and (3) discussion groups with national TA providers.

Key personnel from the 29 communities funded in 2005 and 2006 were asked to participate in the Web-based survey. In total, 157 people were invited to complete the survey, including the principal investigator, project director, lead family contact, youth coordinator, lead evaluator, social marketing/communications manager, and cultural and linguistic competence coordinator in each community. The survey contained questions about local implementation of CQI, resources being used to inform CQI (including the national evaluation *CQI Progress Report*), and system- or service-level changes resulting from CQI efforts. Respondents were also asked about the factors that facilitated data-driven CQI and the challenges to effective CQI implementation. A total of 109 people responded to the survey.

Based on the results of the survey, five communities were invited to participate in telephone interviews. The communities were selected because they represented various approaches to CQI and different levels of use of the *CQI Progress Report*. The interviews were designed to gather more in-depth information about CQI efforts in each of the communities, focusing on the same general topics covered by the Web-based survey. Personnel involved in the CQI process for the five communities chose to participate in either individual or group semi-structured interviews. In total, 30 people participated in the interview process.

CQI EFFORTS IN HARRIS COUNTY SYSTEMS OF HOPE

Harris County Systems of Hope, a CMHI grant community funded in 2005, serves children and youth with serious mental health needs and their families in Harris County, Texas. The mission of Systems of Hope is "to provide effective support and care which is family driven and youth guided to families and their children who are experiencing serious emotional and behavioral

problems" (www.systemsofhope.org). A strengths-based plan of care is created for each family, and services and supports are provided through a collaborative network of community-based agencies and partners. Harris County Protective Services is the fiduciary agency for the system of care grant. More information about Harris County Systems of Hope is available on their Web site.

Five key personnel from Harris County Systems of Hope responded to the CQI evaluation survey described above, and seven community representatives participated in individual or group telephone interviews. Their responses are summarized in five sections below; the CQI process; resources used in CQI efforts; the role of TA; improvements resulting from CQI efforts; and facilitators, challenges, and lessons learned. These summaries present information on the CQI process at the time of the interviews in 2010.

The CQI Process

System of care communities vary in their approaches to CQI and the data used to inform CQI. Whereas some communities have a CQI committee or workgroup, others embed their CQI efforts in their regular staff meetings, management meetings, governing body meetings, or other committee meetings.

In Harris County Systems of Hope, primary responsibility for CQI is vested in an external (i.e., non-staff) team. The CQI team is co-chaired by two quality improvement experts—one is a family member with a long professional background in total quality management, and the other is a CQI coordinator affiliated with Harris County Protective Services. The team also includes several other family members, youth, and various community partners. Family members are important participants on the CQI team because they can provide perspective on results and help interpret specific findings such as caregiver satisfaction ratings. Some of the family members on the CQI team also sit on the Systems of Hope governing board, thus providing a link to the broader decision-making structure. In addition, a liaison from the evaluation team attends CQI team meetings to answer questions and minimize duplication of effort. Other Systems of Hope staff, including the project director, attend CQI team meetings to provide a program perspective to CQI efforts. The CQI team also includes a social marketer, and team members have been trying to recruit representatives from the Harris County Juvenile Probation Department and the Mental Health Authority of Harris County.

The CQI team was established in 2007—before this, the evaluation team had been responsible for discussing CQI. One of the early activities of the CQI team was the development of a written charter that specified the purpose, role, and responsibilities of the team. According to that charter, which was provided to the national evaluation team by interview participants, "the CQI Team will develop a CQI plan for the project and monitor its application. Other responsibilities may include: verify the Systems of Hope model and measure various improvements or changes." The charter indicated that the CQI team should aggregate data and recommend program improvements and system changes. The CQI team also developed a CQI plan that outlined the purpose, goals, and responsibilities of the team, identified measures that would be

used to inform CQI, and described the process for reviewing and analyzing data and communicating results. In addition, experts were brought in to explain CQI, and efforts were made to clarify the differences between CQI and evaluation and to emphasize that CQI is not about solving specific case problems. The CQI team also established ground rules to facilitate productive discussions within the group.

The CQI team has a well-established process for reviewing data and reporting their findings to Systems of Hope staff and the governing board. The CQI team is directly accountable to the governing board, which is made up of about 20 members, including executive directors from child-serving agencies, family members, and representatives from family organizations and other community-involved agencies. The CQI team meets at least quarterly, and usually monthly. The agenda for meetings includes work updates and reviewing report performance indicators previously identified by the team. Team members review data from the national and local evaluations, as well as information from their own data collection efforts, such as caregiver and youth satisfaction surveys and case records reviews. Based on ongoing review of various data, the CQI team provides information and makes recommendations to the Systems of Hope project director and the governing board. The team also provides a more general monthly update to the governing board on their recent accomplishments and future plans.

Although the CQI team is separate from the Systems of Hope evaluation team, there is close collaboration between the two groups. The evaluation team provides information about the types of data available from the national and local evaluations and prepares summaries of relevant data as requested. The CQI team reviews data summaries prepared by the evaluation team, such as the "data flash" that uses a traffic light scheme to highlight certain issues and trends. Member of both teams have also worked together to design and implement data collection activities, including recent caregiver and youth satisfaction surveys. An evaluation liaison attends the CQI team meetings, and several members of the CQI team are also members of an evaluation workgroup. These links facilitate information sharing and help coordinate evaluation and CQI efforts.

The CQI team is not the only group involved in CQI efforts. Various data provided by the evaluation team—including the national *CQI Progress Report*, the "data flash," and other locally-produced data summaries—are shared with the project director and presented directly to the governing board. In addition, these data reports are reviewed by Systems of Hope staff and several committees besides the CQI team, including the evaluation, sustainability, and systems change committees. Data are also discussed at administrative team meetings and shared with direct service providers. Feedback from all these groups helps inform CQI efforts.

Resources Used in CQI Efforts

A wide variety of data from numerous sources are used for CQI in Harris County Systems of Hope, including data from the national and local evaluations, staff input, and feedback from family members and youth. Overall, CQI evaluation survey respondents indicated that the most

useful resources for CQI were local committees, input from constituents, local data, and experience and knowledge gained through program delivery.

Both the evaluation team and the CQI team provide data that inform CQI efforts. The evaluation team produces a "data flash" that summarizes information from the national and local evaluations using a traffic light scheme to highlight areas in which the project is performing well and areas in which improvements might be needed. The data flash is shared with staff, various committees, and the governing board. The evaluation team is also hoping to use the Wraparound Fidelity Index (WFI) and will share results with the same groups. In addition, the CQI team produces a performance progress chart that summarizes performance on a quarterly basis for indicators in three areas: service delivery, program and family outputs and outcomes, and customer satisfaction. The performance progress chart is shared with the project director, staff members, committees, and the governing board.

The CQI team used a collaborative process to identify key indicators to include on the performance progress chart. Team members discussed possible indicators with project staff and family members and considered what types of indicators might be of interest to other constituents. The CQI team worked with the evaluation team to identify indicators that could be drawn from the national evaluation—this included measures presented on the *Data Profile Report* and the *CQI Progress Report*. Some indicators were chosen based on gaps or deficits when compared to national trends. The identified indicators from the national evaluation were then incorporated into local data collection to ensure sustainability of data collection. Team members also identified gaps in national evaluation data and incorporated additional data collection into the local evaluation. The indicators on the performance progress chart are grouped into three categories:

1. Service delivery measures (including participation of external community members, informal supports rate, and timeliness of services)
2. Program and family outputs and outcomes measures (including number of case referrals, number of families served, number of enrollments, number of case closures, average length of services, agency involvement in treatment planning, stability in living situation, utilization of flex funds)
3. Customer satisfaction measures (specifically family and youth satisfaction measures)

Data for the measures on the performance progress chart are drawn from several sources, including the national and local evaluations, surveys, information from child and family team meetings, and sign-in sheets from family enrichment activities. The CQI team is working with the data management and information technology teams to develop a CQI report that would present real-time data for many of the indicators on the performance progress chart.

In addition to reviewing the performance progress report, the CQI team reviews data from several other sources. Team members discuss information provided by the project director and the operational team and reports from the Harris County Protective Services automated case management system. They also review data presented in the *CQI Progress Report* produced by

the CMHI national evaluation. They examine the report to identify any improvements or decreases since the previous report, and then discuss findings with program staff to help interpret the results. For example, there were decreases in many indicator scores on one report, but staff explained that there had been significant staff turnover and changes in the documentation process during the reporting period. The CQI team also consults with the evaluation team to understand the national context for the data. For example, if there is a gap between the youth satisfaction score on a given report and the benchmark for that indicator, the CQI team checks with the evaluation team to determine if the same gap is also present on the national evaluation aggregate report. Although team members find the *CQI Progress Report* to be a useful comparative tool, they noted that the data are not very timely and that adding only a few cases can significantly skew the results presented on the report. Such limitations are one reason that the group decided to incorporate key indicators into local data collection instead.

The CQI team has conducted several data collection efforts to inform their work. For example, team members did a review of case records to document improvements and any program issues. They then produced a summary report that highlighted important findings and offered recommendations on identified issues of concern. They shared this report with the project director, who in turn took it to the management team for further discussion. The record reviews revealed some deficits in care plans, which were subsequently addressed through additional staff training.

The largest data collection effort carried out by the CQI team involved extensive collaboration with the evaluation team. The two groups worked together to develop a caregiver satisfaction survey and a youth satisfaction survey. CQI team members conducted focus groups with parents and interviewed staff serving on care teams to determine what information should be collected by the survey. The survey was pilot tested to assess whether it was culturally sensitive and appropriate. Parents received training to serve as data collectors using an interview format. A similar process was used to develop the youth satisfaction survey—CQI team members did a focus group with youth during a youth retreat to begin identifying issues of interest and then worked with the Youth Advisory Council to obtain input on the format and content of questions. Youth will administer the survey after receiving training in data collection. The evaluation team was involved throughout the process of developing and administering the surveys. The evaluation team also plans to analyze data from the surveys and link survey results to outcome data from the evaluation.

All these data collected by the CQI team and evaluation team are also used for purposes other than CQI. Findings are presented to the wider community through several social marketing efforts, including public service announcements, online videos, brochures, and Children's Mental Health Awareness Day activities. These efforts bring attention to the issue of children's mental health and inform the community about the benefits of and need for system of care services. Sharing data with a variety of constituents, including partners and child-serving agencies, is an important component of fostering the long-term support needed to sustain the project.

The Role of Technical Assistance (TA)

Harris County Systems of Hope staff have accessed TA from various national and local sources over the course of their funding cycle. Harris County Protective Services has its own training institute and also contracts with the Texas Department of Family and Protective Services to train case workers. Harris County Protective Services is accredited by the Council on Accreditation and does a lot of work in the area of quality improvement. For example, it conducts its own case readings and provides reports specifying what performance indicators should be examined by the County.

Systems of Hope staff have also received TA from national providers. Survey respondents reported that they were satisfied with national TA providers and agreed that TA was provided in a timely manner and tailored based on local needs. Interview participants indicated that their national evaluation site liaison provided assistance in interpreting the *CQI Progress Report* and identifying which indicators to focus on. Staff have also consulted with a representative of the TA Partnership to get input on various topics, and national TA providers helped the community address confidentiality issues related to using family members and youth as data collectors. Staff members also participate in Webinars and calls on various topics hosted by national TA providers. Interview participants offered several suggestions for improving and expanding the TA from national partners: provide more TA early in the funding cycle about family and youth involvement; offer guidance on when TA should be used and what types of TA are available; and provide TA about how to reorient staff away from the case management perspective to service provision that most of them bring to their jobs.

Improvements Resulting from CQI Efforts

Staff and other constituents involved in Harris County Systems of Hope indicated that several changes had occurred as a result of local CQI efforts. Survey respondents reported that improvements had been made in the following practices: family and youth involvement, cultural and linguistic competence, recruitment and retention, staffing, and staff training.

Interview participants also offered specific examples of administrative- and service-level changes that had occurred due to CQI. A records review conducted by the CQI team revealed deficits in care plans—specifically, care plans were not being developed for all families, some of the plans were not being developed or updated in a timely manner, and there were irregularities in the content of the plans. To remedy these record keeping problems, staff received training about the importance of updating care plans and writing accurate and comprehensive progress notes. In addition to improving the quality of care plans, providing such additional in-depth training has reduced staff turnover.

At the service delivery level, the structure and content of family team meetings has been changed in response to feedback from youth. In a focus group, youth expressed that they did not like going to team meetings—they particularly disliked that other participants (e.g., parents,

staff) talked about them in the third person and focused heavily on what they were doing wrong. To address this issue, a consultant was brought in to work with the coordinators who facilitate the team meetings and offer strategies for increasing youth involvement and using a more strengths-based approach in the meetings.

An ongoing area of focus for CQI is wraparound fidelity. Some of the issues identified with care plans and family team meetings seemed to be related to care teams using a case management approach rather than a wraparound approach. This was evidenced, in part, by data showing that families were remaining in services for long periods of time and were not experiencing improved outcomes. To address these problems, a consultant was brought in to conduct fidelity training with staff, and supervisors received coaching on how to mentor care teams to increase wraparound fidelity. The evaluation team is administering the Wraparound Fidelity Index (WFI) to assess progress in this area. It is hoped that performance on several indicators, including caregiver and youth satisfaction, will improve as a result of increased wraparound fidelity.

Facilitators, Challenges, and Lessons Learned

Survey respondents and interview participants from Harris County Systems of Hope provided information about facilitators and challenges in implementing CQI efforts, as well as lessons learned about CQI.

Many of the things that people identified as facilitators to CQI in Systems of Hope related to the composition of the CQI team. In particular, interview participants emphasized that the team included a good combination of family members and program staff, and that it was very beneficial to have co-chairs with expertise in quality improvement. These CQI experts were able to provide training on CQI and help establish effective processes for identifying performance measures, reviewing data, and communicating recommendations to the appropriate groups. Evaluators provided relevant data for CQI, program staff offered a service delivery perspective on issues, and family members and youth brought experiential knowledge as well as their own specialties to the group. Cooperation and collaboration between these diverse constituent groups was facilitated by early efforts to clarify the purpose and goals of CQI and the roles and responsibilities of the CQI team.

Other factors that have facilitated CQI efforts include the identification of performance indicators that are relevant to constituents, the third party model of the CQI team that is separate from the administrative team and Governing Council, and the practice of summarizing past, current, and future activities of the CQI team in meeting minutes. The evaluation team has also been an important facilitator of CQI by providing relevant and meaningful data. In particular, the evaluation team has excelled at presenting information in accessible formats and providing a manageable amount of information that does not overwhelm reviewers and can be addressed through changes to the system. Leadership that is supportive of data-driven CQI has also been essential to the success of local CQI efforts.

There have been several challenges in implementing a CQI process for Systems of Hope. The membership of the CQI team has varied over time, in part due to staff turnover and a hiring freeze. Contributors are often overstretched, with some team members serving on multiple committees. It was also challenging to establish a structure and process for CQI—such groundwork takes time, and there was some initial resistance to having an external CQI team that reported to the governing board rather than program management. In addition, it took considerable time and patience to clarify roles and responsibilities and to steer CQI team members away from focusing on case problems as is typical in a case management model. Lastly, obtaining data to inform CQI efforts posed several challenges, including identifying indicators to focus on, deciding how to measure those indicators, and getting the necessary data from the data management system. Ongoing collaboration among the CQI team, the evaluation team, and other project staff has helped overcome these challenges and create an effective structure for identifying and implementing program improvements.

From their experiences in implementing CQI, personnel from Harris County Systems of Hope offered the following lessons learned and advice:

- Start planning for CQI early by building a quality plan and identifying performance measures. Develop a CQI plan that is related to the program's logic model.
- Use a third-party model for CQI to facilitate objectivity. Make the CQI team directly accountable to the governing board.
- Take time to establish a process. This includes specifying rules of conduct, roles and responsibilities, and modes of operation.
- Get real buy-in from program management and the governing board.
- Involve a mix of people on the CQI team, including CQI experts, evaluation and program staff, family members, and other community members.
- Create a safe environment by establish trusting relationships, creating a set of ground rules, and employing a democratic policy to resolve conflicts.
- Provide training on CQI and explain the differences between CQI and evaluation.
- Start planning for sustainability on day one.
- Celebrate successes.

CONCLUSION

Data gathered from the CQI Initiative Evaluation indicate that CQI efforts in Harris County Systems of Hope have led to additional staff training, revised procedures for family care team meetings, and an increased emphasis on wraparound fidelity. Early efforts to establish a clear structure for CQI and processes for reviewing data have fostered communication and collaboration among varied groups of constituents, including family members, youth, project staff, and community partners. Family members have a strong voice in CQI through their involvement in the external CQI team. Establishing a CQI structure with clear roles and responsibilities and offering CQI training has helped overcome challenges such as staff turnover. Systems of Hope's third party model for CQI has been an effective means to distinguish between CQI and evaluation while still maintaining close links between the two

pursuits. Both the CQI team and the evaluation team collect and analyze data that are then shared with other groups within and outside the system of care. By presenting relevant findings to a wide range of constituents, Systems of Hope personnel work together toward long-term sustainability for mental health services and improved outcomes for children, youth, and families in the community.

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